



## OHIO DIVISION OF STATE FIRE MARSHAL

**CONTRACTOR REGISTRATION APPLICATION****SPECIFY TYPE REQUESTED**☐ Company☐ Individual☐ Automatic Sprinkler and Standpipe Systems☐ Fire Pumps☐ Household Fire Warning Equipment Only☐ Fire Alarm And Detection Equipment☐ Fire Service Mains☐ Engineered Extinguishing Equipment(OTW)☐ Pre-Engineered Extinguishing Equipment (OTW)**Note:** 1) Attach a copy of an Ohio Division of State Fire Marshal Certificate.

For Criteria of application for ANY registration, refer to Columbus Building Code Chapter 4114

**PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION**

Application Date \_\_\_\_\_

I, the undersigned, an Ohio Division of State Fire Marshal Certificate Holder, hereby apply for a Contractor Registration, in the City of Columbus, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? ☐ Yes ☐ No

If YES, Which Board? \_\_\_\_\_ Date \_\_\_\_\_ Board Decision \_\_\_\_\_

Have you ever pled guilty or been found guilty of any offense other than non-moving traffic violations? ☐ Yes ☐ No

If YES, Please list below

OFFENSE	DATE OF ARREST OR CITATION	PLACE (CITY AND STATE)

Have you ever previously held an Ohio Division of State Fire Marshal Registration with the City of Columbus? ☐ Yes ☐ No

If yes, state previous Company and registration number: Company \_\_\_\_\_ Registration # \_\_\_\_\_

**PART II: QUALIFICATION CERTIFICATE INFORMATION**

Certificate # \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate is issued or assigned to (Check One)

☐ Individual Only ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify) \_\_\_\_\_



**PART III: BUSINESS/COMPANY INFORMATION**

Business Name \_\_\_\_\_ Fed ID# \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Business Type (Check One)

☐ Individual Only ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify) \_\_\_\_\_

Certificate Holder's Position with Business/Company \_\_\_\_\_

(President, Vice-President, Partner, Sole-Owner, Employee, etc.)

How long has the Certificate Holder been in this position? From \_\_\_\_\_ To \_\_\_\_\_

**PART IV: STATEMENT BY QUALIFICATION CERTIFICATE HOLDER**

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Date \_\_\_\_\_ Signature of Certificate Holder \_\_\_\_\_

SWORN to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

*Notary Seal Here*

**OFFICIAL USE ONLY**

ISSUE DATE OF REGISTRATION \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

BY (LICENSE SECTION) \_\_\_\_\_ DATE \_\_\_\_\_

Remarks:



# GENERAL INFORMATION FOR CONTRACTOR REGISTRATION

## for Ohio Division of State Fire Marshal Certificate Holders

Section 4114 of the Columbus Code requires the following be presented in order to secure a contractor registration:

### **FIRE ALARM AND DETECTION EQUIPMENT COMPANY / FIRE PROTECTION COMPANY**

1. **A Fire Contractor Registration Application** completed by the individual you wish to designate as the responsible party for the company registration. This form must be notarized.
2. **A bond in the amount of \$15,000. YOU MUST USE THE ENCLOSED BOND FORM. Your bond must expire on the same date as your Qualification Certificate.** *(For more information, see Bond Information Sheet.)*
3. **Evidence of "liability insurance"** written by an insurance company licensed to do business in the State of Ohio with the limits of liability as required by the Ohio Division of State Fire Marshal, Bureau of Licensing and Certification.
4. **Evidence of "Workers' Compensation"** with the State of Ohio for the registration holder, or the assigned company, and employees engaged or to be engaged in the work covered by such registration. Evidence must be a copy of your current Workers' Compensation Certificate of Coverage. Please contact The State of Ohio Bureau of Workers' Compensation at 1-800-644-6292 for additional information about this certificate.
5. **Evidence of State Certification** with the Ohio Division of State Fire Marshal's Office. Evidence must be a current copy of the **Company** qualification certificate.
6. **Registration fee of \$350.00 - Payable to Columbus City Treasurer.**  
*All documents must consistently reflect the same name.*

### **OHIO DIVISION OF STATE FIRE MARSHAL CERTIFIED INDIVIDUAL**

1. **A Fire Contractor Registration Application** completed by the Ohio Division of State Fire Marshal qualification certificate holder. This application must be notarized.
2. **Evidence of State Certification** with the Ohio Division of State Fire Marshal's Office. Evidence must be a current copy of the qualification certificate for the **Certified Individual Installer**.
3. **Assignment of Registration.** If you wish to assign your registration to a business concern, we must have a current assignment form on file. In accordance with C.C. 4114, when an assignment is made, all documents are to be completed in the name of the business.  
  
When completing the assignment form, you must provide a list of no more than six (6) full time officers and/or employees of the business, including yourself. These individuals are required to sign the assignment form. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
4. **Social Security Number.** You must provide your social security number. If you are assigning your registration to a business concern, you must also furnish the **Federal Taxpayer ID Number** of that business concern. Paperwork that has omitted either of these pieces of identification will be returned without being processed.
5. **Registration fee of \$350.00 per Certified Individual plus \$65.00 for each additional category of validation - Payable to Columbus City Treasurer.**

A separate application and registration is required for both the company and the individual installer. Application may be made in person or via mail to:

Building Services Division - Contractor Registration  
757 Carolyn Avenue  
Columbus, Ohio 43224

### **MINIMUM PROCESSING TIME FOR SUBMITTED DOCUMENTS IS 10 BUSINESS DAYS!**

If additional information is needed, please call the contractor license message center at (614) 645-6083. This is a voice mailbox. Please leave your name, number, and a brief message. One of our customer service representatives will return your call. Forms and other information can be found at our website at [td.ci.columbus.oh.us](http://td.ci.columbus.oh.us)